

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010516

FILED
Mar 12, 2009
Secretary of State

Entity Name: RELIN, INC.

Current Principal Place of Business:

1089 RED MAPLE WAY
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

1089 RED MAPLE WAY
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 59-3732845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONASSON, REYNIR
1089 RED MAPLE WAY
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONASSON, REYNIR
Address: 1089 RED MAPLE WAY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD () Delete
Name: REYNISSON, THORHALLUR H
Address: VIDIGRUND 53
City-St-Zip: 200 KIPAVOGUR, ICELAND, OC

Title: D () Delete
Name: BJARNASON, GUNNAR O
Address: EIKARASI 4
City-St-Zip: 210 GARDABAER, ICELAND, OC

Title: D () Delete
Name: REYNISSON, JONAS
Address: GLITVANGI 31
City-St-Zip: 220 HAFNAFJORDUR ICELAND,

Title: D () Delete
Name: JONASSON, ELIN
Address: 1089 RED MAPLE WAY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REYNIR JONASSON

PD

03/12/2009

Electronic Signature of Signing Officer or Director

_____ Date